

12/14/00

UTILITY PATENT APPLICATION TRANSMITTAL <small>for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	80546-0010	Total Pages	20
		First Named Inventor or Application Identifier			
		Benjamin H. ZISKIND et al.			
		Express Mail Label No.			
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			ADDRESS TO: Assistant Commissioner of Patents Box Patent Application Washington, D.C. 20231		
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total pages <u>14</u> <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross references to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings - Detailed Description - Claims - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets) <u>2</u> 4. <input type="checkbox"/> Oath or Declaration (Total Pages) <input type="checkbox"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) <i>[Note Box 5 below]</i> i <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure Statement /PTO 1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement Filed in prior application, Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s). <i>(if foreign priority is claimed)</i> 16. <input checked="" type="checkbox"/> Applicant/Inventor is a SMALL ENTITY 17. <input type="checkbox"/> Publication Certification 18. <input type="checkbox"/> Other		
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:					
18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>					
Name	Celine Jimenez Crowson, Reg. No. 40,357				
Address	Hogan & Hartson L.L.P. 555 13 th Street, N.W.				
City	Washington	State	D.C.	Zip Code	20004
Country	U.S.A.	Telephone	202-637-5703	Fax	202-637-5910

12/14/00

FEE TRANSMITTAL (Small Entity)		<i>Complete if Known</i>	
		Application Number	Unassigned
		Filing Date	12/14/00
		First Named Inventor	Benjamin H. ZISKIND et al.
		Group Art Unit	Unassigned
		Examiner Name	Unassigned
Total Amount of Payment	(\$)	Attorney Docket Number	80546-0010

METHOD OF PAYMENT (check one)
FEE CALCULATION (continued)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to Deposit

Account Number 02-2135 in the name of Hogan & Hartson L.L.P.

☐ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Charge for the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed: Check

3. ADDITIONAL FEES

Fee Description	Fee Code	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	205	65
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	227	25
<input type="checkbox"/> Non-English specification	139	130
<input type="checkbox"/> For filing a request for reexamination	147	2,520
<input type="checkbox"/> Requesting publication of SIR prior to Examiner action	112	920
<input type="checkbox"/> Requesting publication of SIR after Examiner action	113	1,840*
<input type="checkbox"/> Extension for reply within first month	215	55
<input type="checkbox"/> Extension for reply within second month	216	190
<input type="checkbox"/> Extension for reply within third month	217	435
<input type="checkbox"/> Extension for reply within fourth month	218	680
<input type="checkbox"/> Extension for reply within fifth month	228	925
<input type="checkbox"/> Notice of Appeal	219	150
<input type="checkbox"/> Filing a brief in support of an appeal	220	150
<input type="checkbox"/> Request for Oral Hearing	221	130
<input type="checkbox"/> Petition to institute a public use proceeding	138	1,510
<input type="checkbox"/> Petition to revive -unavoidable	240	55
<input type="checkbox"/> Petition to revive - unintentional	241	605
<input type="checkbox"/> Utility issue fee (or reissue)	242	605
<input type="checkbox"/> Design issue fee	243	215
<input type="checkbox"/> Plant issue fee	244	290
<input type="checkbox"/> Petitions to the Commissioner	122	130
<input type="checkbox"/> Petitions related to provisional applications	123	50
<input type="checkbox"/> Submission of Information Disclosure Statement	126	240
<input type="checkbox"/> Recording each patent assignment per property (times number of properties)	581	40
<input type="checkbox"/> Filing a submission after final rejection (37 CFR .129(a))	246	345
<input type="checkbox"/> For each additional invention to be examined (37 CFR 1.129(b))	249	345

FEE CALCULATION
1. FILING FEE

Fee Description	Fee Code	Fee Paid
<input checked="" type="checkbox"/> Utility Filing Fee	201	355
<input type="checkbox"/> Design Filing Fee	206	155
<input type="checkbox"/> Plant Filing Fee	207	240
<input type="checkbox"/> Reissue Filing Fee	208	345
<input type="checkbox"/> Provisional Filing Fee	214	75

SUBTOTAL \$

2. CLAIMS

	Fee from	Extra	below	Fee
Paid				
Total Claims	2- 20 =	x	\$ 9	= 0
Independent Claims	1 - 3 =	x	39	= 0
Multiple Dependent Claims		+	130	=

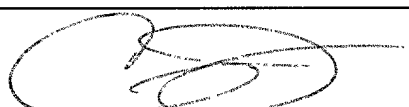
SUBTOTAL \$

Other fee (specify)

☐

* Reduced by Basic Filing Fee Paid

SUBTOTAL \$

SUBMITTED BY				Complete (if applicable)	
NAME & REG. NUMBER		Celine Jimenez Crowson, Reg. No. 40,357			
SIGNATURE		DATE	12/14/00	DEPOSIT ACCOUNT USER ID	50-1349